PRINTED: 09/10/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G133		X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 08/13/2012		
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 479 LEXINGTON ST CROWN POINT, IN 46307				
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PF	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
K0000	Survey was con State Department with 42 CFR 48 Survey Date: 0 Facility Number Provider Number AIM Number: Surveyor: W. C. Code Specialist At this Life Safe Northwest India compliance with Participation in Subpart 483.470 and the 2000 ed Protection Asso Safety Code (L.S. Residential Boat This tri-level far The facility has smoke detection corridors, communications and the survey of the facility has smoke detection corridors, communications and the survey of the facility has smoke detection corridors, communications and the survey of the facility has smoke detection corridors, communications and the survey of the facility has smoke detection corridors, communications and the survey of the facility has smoke detection corridors, communications and the survey of the facility has smoke detection corridors, communications and the survey of the facility has smoke detection corridors, communications and the survey of the facility has smoke detection corridors, communications and the survey of the facility has smoke detection corridors, communications and the survey of the facility has smoke detection corridors, communications and the survey of the survey	er: 000670 er: 15G133 100234210 Chris Greeney, Life Safety ety Code survey, ARC of the Inc. was found not in the Requirements for Medicaid, 42 CFR O(j), Life Safety from Fire ition of the National Fire ciation (NFPA) 101, Life SC), Chapter 33, Existing rd and Care Occupancies. cility was not sprinklered. In a fire alarm system with the on all levels including the non living areas and the facility has the read had a census of 3 at the	K000	0			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	OF CORRECTION OF CORRECTION 15G133	(X2) MULTIPLE CO A. BUILDING B. WING	01	(X3) DATE SURVEY COMPLETED 08/13/2012	<i>.</i>		
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 479 LEXINGTON ST CROWN POINT, IN 46307					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMP	X5) LETION ATE		
	Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.15. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/17/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: DZYJ21

Facility ID: 000670

If continuation sheet

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	AND PLAN OF CORRECTION X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G133		A. BUII	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/13/2012	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 479 LEXINGTON ST				
ARC OF NORTHWEST INDIANA INC, THE				CROW	N POINT, IN 46307		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤΈ	(X5) COMPLETION DATE
KS046	483.470(j)(1)(i) LIFE SAFETY CO Utilities comply w 33.2.5.1 Based on observer facility failed to counter electrical with ground faul (GFCI) protection LSC 9.1.2 require equipment shall in NFPA 70, the Nather National NFPA 70, Artical Circuit-Interrupt Personnel, in 210 requires ground-(GFCI) protection bathrooms, and be intended to server Note: Moisture or resistance of the insulation is more deficient practical facility. Findings include Based on observer Manager on 08/11 group home from the kitchen cound outlets within two kitchen sink. The outlets designed	DDE STANDARD ith Section 9.1. 32.2.5.1, ation and interview, the verify 2 of 2 kitchen 1 outlets were provided to circuit interrupter on against electric shock. The electrical wiring and the in accordance with ational Electrical Code. The electrical Code electrical Code. The Protection for 10.8(A), Dwelling Units, fault circuit-interrupter on for all personnel in exitchens at receptacles the counter top surfaces. The electrical contact body, and electrical resubject to failure. This electrical clients in the	KSO		To assure further compliance two existing standard outlets located in the kitchen were replaced with two 20amp GFI units.	the	08/15/2012

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	OF CORRECTION	IDENTIFICATION NUMBER: 15G133	A. BUILDING B. WING	01		LETED 6/2012
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE			479 LEX	ADDRESS, CITY, STATE, ZIP (XINGTON ST N POINT, IN 46307	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	breakers assigne GFCI protected. by the Area Mar observations. In Manager during	ted no evidence the d to those outlets were This was acknowledged nager at the time of terview with the Area the observation could not outlets were on a GFCI.				

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Event ID: DZYJ21

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If continuation sheet

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